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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)
<p>I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following company: _____ and the title of my position with said company is: _____ The entire title to the patent identified below is vested in said company.</p>		
Name of Patentee(s): _____		
Patent Number	Date Patent Issued	
Title of Invention		
<p>I believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____, the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number ____ / _____ and was amended on _____ . (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p>		

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)					Docket Number (Optional)							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name(s)</td> <td style="width: 50%; border: none;">Registration Number</td> </tr> <tr> <td style="border: none;"><hr/></td> <td style="border: none;"><hr/></td> </tr> <tr> <td style="border: none;"><hr/></td> <td style="border: none;"><hr/></td> </tr> </table>							Name(s)	Registration Number	<hr/>	<hr/>	<hr/>	<hr/>
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<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Customer Number </div> <div style="border: 1px solid black; width: 200px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; flex-grow: 1;"> <i>Place Customer Number Bar Code Label here</i> </div> </div> <p style="margin-top: 10px;">OR</p>												
<input type="checkbox"/> Firm or Individual Name												
Address												
Address												
City		State		ZIP								
Country												
Telephone		Fax										
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>												
Full name of person signing (given name, family name)												
Signature				Date								
Residence				Citizenship								
Post Office Address												